IOWA BOARD OF PSYCHOLOGY IOWA DEPARTMENT OF PUBLIC HEALTH LUCAS STATE OFFICE BLDG, 5<sup>TH</sup> FLOOR DES MOINES, IOWA 50319-0075

## SUPERVISION REGISTRATION

Supervised Professional Experience Requirements are found at:	645 IAC 240.6 and 240.	9
Applicant or Supervisee name:		
Instructions: Applicants for a license to practice psychology shall register with unlicensed person to notify the Board of the name and address of shall complete the following information and file it with the Boar The supervisor's signature must be notarized.	the supervising psychol	
<b>Supervision information:</b>		
1. Academic training of supervisee:		
2. Nature of services being rendered by supervisee:		
3. Nature of supervision being provided:		
Complete this section if requesting offsite supervision pursua	nt to 645 IAC 240.6(2)	b <u>.5:</u>
1. Proposed offsite supervision arrangement (explain):		
2. Plan for emergency coverage by supervisor:		
Supervisor information:		
1. Name:		
2. Organization or agency:		
3. Address:		
Street	City	State/Zip
4. State(s) in which licensed/certified and license number(s):		
5. Specialty boards:		
6. Listed in National Register of Health Service Providers in Psy	vchology?  Yes	No
7. Certified as Health Service Provider in Psychology by Iowa B	soard?	
Other state boards? $\square$ Yes $\square$ No		
I hereby attest that all the above information is true and correct to reviewed and will comply with the supervised experience/superv		
Signature of Applicant	(Notarized) Signature of supervisor	